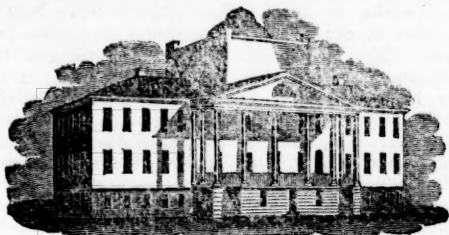


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## I.

### *Observations upon a Disease of the Skin in Infants.*

Communicated for the Boston Medical and  
Surgical Journal,

By A. L. PEIRSON, M.D.

EVERY practitioner of considerable experience must have met with perplexity in the treatment of diseases of the skin in infants. This is to be expected from the peculiar readiness with which internal parts sympathise with the external surface, and from the extreme *mobility* of the infantile system, in consequence of which morbid appearances suddenly change, and danger is present almost before we have seen reason to expect it. I have several times witnessed a squamous affection of the skin of nursing infants, which has either proceeded to a fatal termination, or apparently approached very near it. In its character at the commencement it bears the marks of porrigo, although it does not usually begin

on the scalp, nor are the yellowish pustules which belong to porrigo usually seen. There is redness and exudation on the skin, then dryness and a scaly deposit on the cuticle; a branny exfoliation takes place, and the skin is left dry, stiff and hard. The functions of the intestinal canal are in every instance more or less disturbed. In several instances the mother has had porrigo or psoriasis previous to the birth of the child, and in one the eruption was of a syphilitic nature. The parts suffering the greatest excoriation, were the nates and groin, no doubt from the greater heat of clothing and the acrimony of the urine; and in one instance the patient had nearly been lost from the deep rhagades in the groins, terminating in large foul ulcers. For the treatment, a most obvious indication is, to regulate the actions of the alimentary canal by small doses of calomel, or of Plummer's Ethiops, (sulphuret : antimon : e hydr.) which also de-

termines to the surface. A change of milk would no doubt prove useful in many cases. The spirit of nitrous ether, which is highly valuable in some of the squamous affections of adults, is useful in this case, when it can be easily administered. The best palliative applications I know of, are the warm bath, which is of more avail than anything else, the infusion of slippery elm, and a lotion of sulphate of zinc in rose water, with tincture of opium.

To remove excoriation and prevent the painful chapping of the new cuticle, the oxyd of zinc, either in form of dry powder or rubbed with lard in ointment, is sufficiently efficacious. And for the hard, dry, but uninflamed condition in which the skin is occasionally found, the ointment of oxyd of zinc two parts, combined with ointment of nitrate of quicksilver one part, has proved sufficiently stimulating and highly useful.

The frequent fatal termination of this disease is analogous in its cause to what we see in superficial burns and scalds, which become dangerous to infants not in proportion to their severity, but the extent of surface which they occupy.

*Case.* Aug. 17, 1828. A male infant three weeks old, and which was born before the completion of the ninth month of gestation, became affected with flatulence, tormina, frequent, scanty, green colored dejections, with redness, heat and moisture of the nates and genitals. In the course of a few days, scaly patches appeared on the trunk and extremities, and lastly the scalp became affected, where the disorder put on exactly the appearance of the porrigo

furfurans of Bateman. During the month of September the disorder continued and increased, there was frequent exfoliation of the cuticle, sometimes in large patches, extreme heat of the skin, pulse frequently 180, soreness of the surface of the body and pain on motion. On the 1st of October, under the use of the remedies I have mentioned, the disease of the skin began to disappear, but the constitutional symptoms became aggravated; the left hand and fore arm became affected with an appearance like phlegmonous erysipelas, and an abscess formed in the lower part of the fore arm, beneath the fascia; the child lost its sleep, by degrees refused the breast, and on the 12th of the month, the skin being free from the squamous disease, expired from exhaustion.

On examination after death the cavity of the abdomen and its viscera exhibited nothing remarkable. In the thorax the superior lobes of both lungs exhibited an appearance a little uncommon; they were solid, impervious to air, and when cut into, yielded on pressure a purulent fluid, and had a granular appearance not unlike the incipient stage of tubercular disease. The other contents of the thorax were not diseased.

*Salem, October, 1828.*

## II.

*After-management of Floodings, and on Transfusion.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

(Continued from p. 587.)

I SHALL NOW close the remarks which I have to offer generally on this tedious, but very important

subject of flooding, by pointing out some three or four errors, which, in moments of negligence, you are likely to commit, in the hope that I may guard you against them. In the first place, then, in the earlier months of pregnancy, where you have eruptions of blood from the uterus, if you think you are possessed of more than ordinary manual skill, you may, perhaps, feel an inclination heedlessly to thrust your hand into the uterus, in order to abstract the ovum; now, I have told you already, that although, in the earlier months, where the accoucheur is very skilful, there may, it is true, in individual cases, be an advantage in bringing away the ovum, by the introduction of the hand into the vagina, yet, as a general practice, it is to be condemned. *Unnecessary* manual interference, therefore, in the earlier months, is an obstetric error, against which you ought to guard. Remember, however, that in the latter months you may fall into another great error of the opposite kind; I mean the neglect of the delivery where the operation really is necessary, an error which may prove the destruction of the patient. In obstetrics generally, the rule is, to err, if you must err at all, on the side of *indolence*,—allow the expression. Err rather by not interfering where assistance is necessary, than by pragmatically and unnecessarily interfering where help is not required; for delivery being a natural process, the occasions in which you may interfere needlessly are endless; but in general midwifery, the cases in which you may err, by refraining from interference when really required, are few. *Nevertheless, feeling as I do, that this is a most*

*wholesome principle, I very cordially agree with Denman, that, in flooding cases, we have an exception to the rule. These cases are so dangerous, and so much depends upon the practitioner, and more especially upon the emptying of the uterus, that, in these cases, I would more willingly pardon the too active, than the inert. More especially when floodings occur in the latter months, I would caution you against delaying the delivery too long, when delivery is really required. And, if you attend to the general rules which have been laid down on this point, I think you cannot wander far from the right path.*

There is yet another error against which you will do well to guard, and that is, the use of too much violence and hurry in conducting the delivery. In flooding cases, when delivery is required, there is danger, lest you abstain from the delivery too long; there is danger lest, having abstained till your patient appear to be on the point of sinking, you then, anxious to deliver her while breath remains, proceed with a rapidity or violence which may bruise, tear, destroy. Now, therefore, while your consciences are clear, before it is too late, I caution you against this formidable error—beware of delaying the delivery too long; and if delivery have been long delayed, beware, too, of using a force and promptitude of extraction greater than the parts may safely bear. In scientific midwifery, violence can have no place.

But again: I have told you that there are cases, and, indeed, I may say, on the whole, many and most important cases, where, after great discharge, the patient is lying in a state approaching to as-

phyxia ; now, in these cases, you may fall into the error of sitting down at the bed side without reflection, to disturb the clots, whether by examinations or by the introduction of the hand into the uterus or the vagina. Remember, however, I beseech you, what was observed yesterday ; if, by operations of this kind, you break up the concretions and renew the hæmorrhage, under the renewal of the bleeding, the woman will most probably sink. Against such a careless excitement of the bleeding, therefore, be, I entreat, upon your guard ; consider again, and then reconsider the rules prescribed at our former meeting. If the bleeding of itself recur copiously, it may be necessary to operate ; but so long as the discharge is arrested, wholly or in great measure, unless the patient be rallied thoroughly, refrain from manual operations. Perhaps it may be hereafter found in some of these cases, that, before the delivery, transfusion may with advantage be premised, and of this operation I now proceed to speak.

#### *Transfusion.*

The operation of transfusion, Gentlemen, I take to be of so much importance to mankind, that, having made it the subject of much thought and experiment, I seize with pleasure the opportunity which now offers, of treating the topic more at large. The general idea of transfusion, it is probable, has occurred to many in former times; and I am willing to believe, that it might not be unthought of by those mighty masters of antiquity, who, first discovering the principles of things to us who have followed them on the face of our planet, have left us

only the less splendid honor of exploring those tracts of knowledge, which they originally pointed out. It is, however, certainly, to modern industry that we are indebted for bringing this operation into notice. Lower, in our own country, and Denis among the French, towards the middle of the seventeenth century, first demonstrated its practicability, by observations on the human body, and experiments upon brutes; nor, should I deem myself without blame, had I omitted to mention their names. To men of this kind I conceive it is—to men who not unsuccessfully make it their ambition to contribute discoveries in art or science to the general fund of human knowledge—that an age or country owes its lasting splendor. The mass of mankind seem hitherto to have been scarcely capable of distinguishing who are, or are not, their friends. Hemlock, or the cross, has too often been their reward; while the general ear has been wearied with the applauses of those, who, without honest principle, for their own aggrandisement only, have wielded the brute force of the species. Among the swinish multitude, as Burke was pleased to call them, each successive slaughter has raised still louder clamors, as we all know that the animal from whom he draws the comparison, is never so noisy as when it is perishing under the knife. But the age of this modish and destructive folly, has, I trust, already begun to pass away. Now that personal interests are vanished, who, among civilized nations, cares, in present times, to applaud a Jenghis—or a Timour—or a Nadir—or any other unprincipled devastator of days gone by—brute favorites of

fortune—the destroying angels, or, if you will, the wholesale carcase-butchers of the East. As knowledge steadily advances, these men of mere violence will, I trust, appear before their brethren, the rest of the species, in their true characters; while the names of Socrates, of Plato, of Euclid, of Archimedes—shall I add it—of Timoleon, the Liberator, with still increasing veneration and applause, will, I persuade myself, descend to the latest posterity of that mankind whom they have benefited. But, to return.

If I have myself any claim, however small, to rank among the supporters of transfusion, it lies entirely in this: that, undeterred by clamor or scepticism, I have made it my endeavor, again, to bring the operation into notice; and to show further, by experiments on animals, and observations on the human body, that transfusion, as it is called, may be performed by the help of a syringe, under the use of which, human blood, of the kinds used, alone fit for the operation, may be infused into human veins. In the original operation, brute blood was employed; but this, at least, if taken indifferently from animals, and injected in large quantities, is fatal. For the original operation, the presence of some animal in the bed-chamber was necessary; what then was to be done on an emergency? A dog, it is true, might have come when you whistled, but the animal is small; a calf, or sheep, might, to some, have appeared fitter for the purpose; but, then, it had not been taught to walk promptly up the stairs. In this condition of it, the operation, little more than a name, was great in its danger, but of small advan-

tages in those very cases of sudden bleeding, in which it seemed to be most required.

Notwithstanding the sneers of his comic countrymen, who placed him among the clouds, it was the just boast of Socrates, that he had brought down philosophy from her airy speculations, into the commerce of mankind; and much it is to be wished, that some able and long-lived experimenter would do the same kind office by physiology. To me, on weighing the considerations before enumerated, the great desideratum in transfusion appeared to be, that, being brought from our lecture-rooms, to which it had so long been confined, it might, in some improved form, be rendered safer, and more serviceable at the bed-side of the patient. Now, although it was evident that transfusion might be promptly (perhaps, however, not safely) performed, by means of a tube simply, provided the artery of a bystander could be laid open; yet, a more ready mode of rendering the operation practically useful appeared to be, by adapting to its performance the use of the syringe; and with the hope, in the end not disappointed, of accomplishing this point, I was led into the following train of investigation:—

That the blood of one animal may be substituted for the blood of another animal, of the *same species*, is a principle which has been placed beyond the shadow of a doubt. Repeatedly, as others before me, I have drained the dog till it lay in a state of apparent death, the blood ceasing to issue even from a tubule inserted into the carotid towards the heart, the circulation, therefore, being entirely arrested. The animal be-

ing, in this condition, to all appearance dead, I have transfused from another dog, and found, where the operation has been well performed, that the dog, to all appearance irrecoverable, has soon afterwards arisen from the table, as if it had experienced a resuscitation from the dead. It is true, indeed, that for two or three days, a little cachexia, or ill-health, has hung about it; but, in the course of a few days more, the animal has seemed to recover itself completely, becoming as well as before the operation was performed. Again,

By many it has been imagined hitherto, that, in the operation of transfusion, the blood of one genus of animals may be indifferently substituted for that of another genus; the blood of the sheep, for instance, for that of a dog; the blood of a calf for that of a man; a doctrine which I had myself imbibed. Accordingly, in some of the first experiments which were made, and which, as far as we can learn, were by no means very successful, the blood of the brute was substituted for that of the human body; but it was first suggested to me by one of my own esteemed and respected pupils, Dr. Leacock, that the blood of one genus of animals may not, with impunity, be substituted indifferently for that of another genus. Draining dogs of their own blood, he supplied them from the sheep; and found that, though the animal was resuscitated for a time, the blood of the sheep circulating in the veins, and performing the office of the canine, so that the dog was able to run about the room, yet, in the course of ten or twenty hours, I speak from memory as to the term, the animal invariably

died. Read his inaugural dissertation, published at Edinburgh a few years ago: it is well worth attentive perusal. Consentaneous experiments, to be found at large in the "Researches," I have myself made with the human blood. From five dogs I abstracted their own blood, and, by means of a proper instrument, intromitted the human blood in its place; of those dogs one died on the table; two or three lived for a few hours, then sinking; and some surviving for four or five days, expired, after many cachectic symptoms. So that, it seems, from experiments of this sort, that the blood of one genus of animals cannot, in large quantities, be substituted indifferently for the blood of another, without occasioning the most fatal results. Hence, eminently, arises a necessity for the employment of the syringe, as this enables us in human hæmorrhages to use the human blood; for, even though a horse or a sheep were at hand in the chamber, it is very doubtful whether the blood of that animal would save a woman sinking from bleeding, and I am sure it would be dangerous to try it.

Further: by a variety of experiments, I long ago satisfied myself, even previously to the publication of the cases already before the profession, that blood may be transmitted through the syringe as through the heart, without becoming unfit for the purposes of life. Deterioration it suffers, it is true, but not such deterioration as may render it unfit for the animal body. Several dogs I have drained so, that they lay in a state of asphyxia—in truth, appearing to be altogether dead. Dogs thus prepared, I have replenished by the use of the syringe with blood

from other dogs, and they have done as well as if transfusion had been performed by means of the tube. It has not been in a few, but in many experiments that I have found this result; and how could I multiply experiments too much on a subject so important? Who that venerates reason, and has the love of mankind on the heart as well as on the tongue, will dare to tax such physiology as brutal.

To convince myself more satisfactorily, another scheme of experiments was made, varying in circumstance, yet turning on the same principle, of which the following is a rude idea:—

Directing towards the heart a tubule into the femoral or carotid artery, and the corresponding veins, I placed near to these tubes a cup, in communication with a proper apparatus; then, allowing the blood to rush from the artery, as it gathered in the bottom of the cup, by means of an instrument called the *impellor*, figured in my "Physiological Researches," I absorbed the blood into the barrel of a syringe, and returned it to the veins, so adjusting the return to the eruption from the artery, that more than an ounce of blood was never allowed to accumulate in the cup of the syringe at one time. To omit less decisive observations, in some of these experiments, the operation was carried on for twenty or thirty minutes together, the blood rushing from the artery during the whole time, so that all the blood in the body of the animal must have passed the basin, and this too repeatedly, the dog, however, not appearing to suffer materially in consequence.

From experiments like these, given at large in the "Medico-

Chirurgical Transactions," and the "Researches," I convinced myself that in the dog, at least, blood may be transfused by the syringe, without becoming unfit for the purposes of life; nor was it, therefore, I conceive, with enthusiasm or rashness, that I first came to operate upon the human body, but with a mind rationally prepared to the best of my power, by previous reflection and experiment. Is our common nature, in general, a good judge of enthusiasm?

These principles established, there are different ways in which transfusion may be performed; and I shall first briefly state to you the method approved now by experience, and which, perhaps, for general purposes, may at present be deemed the best. And first, then, the operation may be executed by means of a well-constructed two-ounce syringe, air secure, made of brass, tinned internally, not offensive with oil, of course perfectly clean, and to be used in the following manner:—One or two bystanders (males are preferable to females) being in readiness to supply the requisite quantity of blood, the arm of the patient should be prepared as follows: taking a scalpel, at one cut, if tolerably dexterous, you lay bare the bleeding vein, which opens on the eye under the knife, the patient being so far from suffering in this part of the operation, that frequently she is not aware that it has been done. The vessel manifesting itself, you take this short incurvated probe, which you slide beneath it at the lower extremity of the incision; afterwards, with a well-sharpened lancet, laying open the vein to the extent of about a line, that is, one-



eighth of an inch ; afterwards intrmitting, cautiously, at this orifice the tubule of the syringe, so as to satisfy yourselves that when you operate, the entrance will be easy; at this time perhaps, a little blood oozes out. This preparation made, you bind up the arm of the person who is to yield the supply of blood, laying open the vein in the usual manner, but making the orifice rather free. In a conical tumbler, of large diameter, the blood may be conveniently gathered; and into the syringe, previously washed and chilled by transmission of water milk-warm, the blood is to be absorbed from the point of the tumbler through this long tubule, in such manner that, although the whole of the blood is not to be taken up lest the air should be drawn in, not more than a dessert spoonful is to be allowed to accumulate at once in the bottom of the vessel ; in truth, it is not in the glass, but the barrel of the syringe that the blood should collect. This tubule should, as you see, be long enough to throw the barrel of the syringe above and beyond the brim of the tumbler, so that it may be completely out of the way. That it may enter the vein more easily, the end of the tubule should be bevilled, like the tea-pot spout.

Two ounces of blood from the arm being absorbed in this manner, holding the syringe vertically with the tubule above and the handle of the piston below, you slowly urge the piston onward, till, together with all air, about a dessert spoonful of blood has been expelled; and then closing the nozzle by the apposition of the tip of the finger, lest, the piston descending by its own gravity, fresh air

should be absorbed, you give the instrument the horizontal direction, and proceed to insinuate the blood into the vein. On approaching the arm of the patient, perhaps you find the orifice obscured by the blood; touch the vein with a sponge, and the aperture may be read as clearly as the letter of a book. At this time an assistant may gently press the vein, where it lies across the probe, which will intercept a further exudation, for the circulation is so low that it is easily arrested. These preliminaries premised, without trepidation, with that calm and measured movement of mind and body, the result, not of mere animal spirits, but of that confidence which arises from a mind well prepared, you proceed to deliver the blood, cautious not to interpose unnecessary delay. For this purpose, the tubule being insinuated into the vein, to the extent of half an inch towards the heart, it is your next office to infuse the blood into the vessel, and very nice and critical is this point of the operation. What the heart in women or men might bear in a state of vigor I know not, but reduced as it is in these cases, feeble as the limb which refuses to sustain them, it cannot support a sudden influx of the blood. To infuse too slowly is an error no doubt, for, lying in the syringe, the blood every moment is becoming more and more deteriorated ; but to inject too rapidly is a still more fatal error : gorge the cardiac cavities, and the patient may perish as suddenly as if shot through the heart. With moderate velocity it is that the blood should be infused, and most cautiously, when the collapse is great. In pressing forward the piston,



from moment to moment, fix your eye on the countenance, and if all is well, then proceed more boldly; but if the lip quiver, or the eyelid flicker, or if there be restlessness or vomiting, though these are not fatal symptoms, yet it is better to suspend your operation until they subside, as in the present state of our information there is good cause for alarm; and let me add, that after waiting in this manner, you must not return to the injection, until you have procured a fresh supply of blood. If the first two ounces load, it is better to wait a few minutes, say six or eight, before more is injected; but if these first two ounces are well received by the system, proceed immediately to inject other two afterwards, waiting for eight or ten minutes, till the whole have duly circulated over the body, and, in some measure, at least, have renewed its vigor; under the extremes of weakness, this caution becomes *especially* necessary. Sixteen ounces of blood for the female system is a large aggregate quantity—eight or ten are more sparing; four or five may, in delicate cases, turn the scale in our favor. If our object is simply to save life, the smaller quantities must be injected; if to restore vigor, the larger. Whether we transfuse or not after floodings, reaction is apt to come on next day. The entrance of a single bubble of air, though not fatal, is always to be deprecated. Inflammation of the vein is a neat topic of declamation; after the danger is blown over, listen with decent attention; till then you have not time to think about it—Antipater, and the myo-machia, may cross the classical mind. If the blood dribble from the arm

which supplies you, or if it be slightly coagulated, it is unsafe, if not wholly unfit, for use. Wash the syringe between each injection. Watch the arm lest it inflame afterwards. If the respiration be stopped, it is, I fear, in vain to transfuse; if respiration is at its last gasp, the hope is small—a sudden influx of two ounces would, I think, certainly destroy in these cases. Would the heart bear, at proper intervals, doses of half an ounce? If the respiration be steady, you are almost certain of success. The best syringes I know of are those of Laundy, Weiss, Reid, and Scott. Laundy's are made according to my own whim; of course I think them preferable. Transfusion from artery to vein, perhaps even from vein to vein, might be accomplished by tubule simply; could you, however, obtain readily those who would supply you in this mode, the arterial transfusion especially would require caution; if the heart were very feeble, an impetuous influx would destroy.

By means of this gravitator, blood may be transmitted. Water poured into the cup runs down the flexible vertical tube, which hangs below, expelling the air; being itself retained in the canal, by turning the tap, when not more than a tea-spoonful remains in the point of the conical cup here shown. The air being expelled in this manner, the tubule at the end of the vertical tube is inserted into the vein, and the arm which supplies the blood is held over the cup, as is usual in ordinary bleeding. A fall of two or three inches, perhaps less, is sufficient to insure the gravitation of blood into the vein—so empty, that it

makes no resistance; the blood runs out of the cup into the body, as through any other vessel with leakage. The cup must not be suffered to run empty, as air will be carried in. The rapidity of the flow may be regulated by this tap in the throat of the tubule. I have contrived this instrument, in order that we may have it in our power to pass the blood direct, without delay, from one body to another. To learn the ready use of the gravitator, you should, when bleeding patients, transmit their blood through the instrument, as if you were operating. In this world of imposition, I suppose we may be forgiven, if we avoid objections by pretending that this is done to prepare the blood for examination. "*Mihi ignosco*" may, perhaps, condemn the deception, and it may be not without reason. But let us now consider some of the objections against transfusion.

Against this operation it may be urged, as against most operations, that it is not without its danger; and it may be so. But this is no reason why we should lay it aside, if in any case it be necessary; for, in truth, every operation of surgery has its danger: amputation has its danger—the operation for hernia—the introduction of the catheter—the cutting for the stone, for all do not possess the dexterity of my very able colleague, Mr. Key. As, then, every operation we perform is attended with more or less danger, unless it be proved, which it cannot, that the injection of blood is attended with more surgical danger than ordinary, why should we urge this in a solitary manner as an objection against transfusion? Again, it is sometimes objected, that the operation may be needlessly performed; and it may be

so. How often will you, in the course of your practice hereafter, give medicine, with no advantage to your patient, though it may be with some advantage to yourself. How often is venesection performed needlessly? How often has lithotomy been performed needlessly? How many legs have been taken off, where, if the patients had been under better surgery, they would still have had their limbs? Why, then, are we to bring this as a solitary objection to the operation of transfusion? If you transfuse too copiously, you may take the blood out again, but when you overbleed in inflammation, what will you do? It may be said again, that the operation may sometimes prove unavailing, and so it may; for he would be a bold man indeed, who would venture to affirm that this, or perhaps any operation, ought always to succeed. You amputate a limb, but sometimes the patient dies. You perform venesection, yet the inflammation proceeds notwithstanding, and destroys the patient. So that if you candidly weigh in your minds the arguments that are raised against transfusion, you will find they are objections which do not lie singly against this operation, but against surgery at large,—nay, against the whole of the medical art itself; sometimes not without danger, sometimes used without need, and sometimes not producing any obviously beneficial effects, and yet, after all, so well calculated on the whole, for the advantage of mankind, that no people, civilized or barbarous, are entirely without it. Why, then, I ask again, are these objections urged alone—against transfusion? Is it apathy—is it the trouble of learning—is it negli-

gence of reasoning—is it that unnamed and unacknowledged feeling which devours itself—a very Proteus in the variety of decent garbs which it assumes?

After all, among the members of a liberal profession, like that of medicine, I persuade myself that these objections, even when urged without due candor, arise, at bottom, from no unworthy motive; perhaps from an honest conviction of the essential uncertainty of our art, and the risk, which there must be, of incurring new dangers, while we are flattering ourselves that we are the discoverers of new remedies.

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“Audi  
Nulla unquam de vita hominum cunctatio  
longa est.”

The more the discussion, the more objection and defence the operation has to undergo, the better. If it be grounded in error, let it perish; if in just principles, it must survive. From the severest conflicts of opinion, truth has nothing to fear; though long to us, to her a thousand years are but as one day—a point—a nothing in the eternity of her duration. Oppressed, among us, beneath the chaos of human follies and errors, she must, she will emerge unhurt at last—unchangeable as her author. By the mere force of durability, she must ultimately stand alone—solitary amid the wreck of those perishable materials, by which, for a time, she is overwhelmed—“and the ark floated in the midst of the waters.” To her, the living spirit of philosophy—immutable, immortal, infinite, eternal truth—to her, parent of all knowledge—fountain of light, may be addressed, without perversion or hyperbole, the sublime apostrophe of the poet:—

“The stars shall fade away, the sun himself  
Grow dim with age, and nature sink in  
years,  
But thou shalt flourish in immortal youth:”  
you know the rest.

When on the subject of transfusion, I should be guilty of criminal injustice were I to forget to mention with applause the names of Doubleday and Waller. Their exertions stand in need of no commemoration from me, but I may be allowed to remark, that, whatever advantage may be hereafter derived from this operation, to them mankind will be largely indebted for it. Through evil report and good report, they have labored devotedly to uphold and practise it; and, I trust, that in the approbation of the public, and that complacency of feeling which arises from the consciousness of not having ill deserved, they may, hereafter, find the full remuneration of all their exertions.

### III.

From the Med. Chir. Transactions.

*Observations upon Depositions of Pus and Lymph, occurring in the Lungs and other Viscera, after Injuries of different parts of the Body.*

By THOMAS ROSE, Esq., M.A., Surgeon to St. George's Hospital.

THERE has long been a vague opinion amongst surgeons, that abscesses occasionally form in the thoracic or abdominal viscera, as a consequence of injuries of the head. In this country, however, the doctrine has been little insisted on; and, indeed, we find, that our principal writers on injuries of the head have been entirely silent upon the subject, regarding, we presume, the occasional collec-

tions of matter alluded to, as accidental occurrences ; but, if we may credit the writings of continental surgeons, especially Desault, thoracic and abdominal abscesses are clearly the results of cerebral injuries.

It is the object of Mr. Rose to show, that abscesses in the lungs, and other viscera, equally follow wounds of other parts of the body as of the head. He says, that he has seen repeated instances of the disease in the liver, the spleen, and the lungs, after various accidents, and he has failed in discovering any predisposing state of constitution in the patients so affected, many of whom were young and vigorous, and treated on the strict antiphlogistic plan. With others, (compound fractures, &c.,) as soon as the inflammatory symptoms had subsided, means were used for supporting the strength, but there was no difference in the formation of the internal abscess. In all the cases the collection of matter took place between the end of the second and fifth week from the time of the accident. The post-mortem appearances are thus described :—

“The disease consists, apparently, of depositions in the cellular texture of the affected organ, partly of a white or yellowish-colored lymph, and partly of pus. These depositions vary in size from beyond the bulk of the largest walnut to something less than a common pea. Where the lymph is most abundant, they may be described as a soft white tubercle of irregular shape, not contained in a cyst, but imbedded in the cellular substance of the part, and gradually blending with its natural structure. When pressed, some pus exudes from

them. Where the pus collects in greater quantity, it is lodged in an irregular cavity, probably in the middle of some of the tubercles, and the walls of the abscesses are formed of flakes of lymph. The number of these tubercles and abscesses vary in different instances, there being sometimes only one or two, and sometimes the whole viscus being filled with them. In the lungs they are chiefly formed in the parts adjacent to the pleura pulmonalis, and there is often, at the same time, an effusion into the cavity of that membrane of a sero-purulent fluid mixed with lymph. In the liver and spleen they are dispersed throughout the substance, showing themselves in one or more yellowish patches, not elevated, on the convex surface of the great lobe of the former viscus, and at other times lodged in its substance. The parts adjacent to them show evident marks of increased vascularity.”

“CASE 1.—*Abscesses in the Lungs, with extravasation of lymph and pus into the cavities of the pleura, after wound and amputation of the arm.*

“A soldier received a musket-shot wound in the elbow-joint of his left arm, on the 31st of August, 1813. The ball fractured both the condyles of the os brachii, and the coronoid process of the ulna. He was attacked with fever a few days after, but the inflammatory symptoms in the arm did not run particularly high.

“After rather more than three weeks, these febrile symptoms continuing, with copious discharge from the wound, and his general health and strength declining, it was deemed necessary to amputate his arm. This was done on

the 24th of September. On the second morning after, the febrile symptoms had diminished; but towards the middle of that day, he was seized with a slight rigor, which lasted for ten minutes or a quarter of an hour, and was succeeded by a profuse sweat. The rigor returned on the evening of the 27th, and during that night, and through the whole of the 28th, the perspiration was constant. On the latter of these days, the stump was examined; union had taken place every where, except at the openings for the ligatures. On the 29th, the same symptoms continued, with a dry shining tongue. All the ligatures came away, except that on the brachial artery. On the 30th, his breathing was found to be more hurried, but he took a full inspiration without pain. He had slept a good deal in the night, but his sleep was disturbed. Perspired copiously. His bowels perfectly regular. At this time the stump was flaccid, but union was going on. During that day the hurried breathing increased, and at four the next morning he expired; being the seventh day after the operation, and the thirty-first after he had received the wound.

*"Post-mortem Examination.—*

In the cavity of the thorax, on the left side, more than a pint of sero-purulent fluid was found effused, mixed with loose flakes of coagulable lymph. The pleura pulmonalis and pleura costalis were glued together in parts by the lymph, and were highly vascular. Numerous circumscribed abscesses were found imbedded in the cellular structure of the lungs, principally in those parts nearest the pleura. These abscesses were perfectly distinct

from the parenchymatous substance of the lung, by which they were surrounded, and which appeared in no way affected, except by showing greater vascularity. They did not appear to be invested by any cyst of condensed membrane; and in many of them, instead of pus, or mixed with pus, was a whitish substance, probably common lymph. On the right side of the thorax, the appearances were somewhat similar, but the effusion was to a much less extent. The viscera of the abdomen were healthy.

*"CASE 2.—Abscesses in the Lungs, Liver, and Spleen, after compound fracture of the leg.*

"William Deane, 21 years of age, admitted into St. George's Hospital, on the 23d of July, 1825, with a compound fracture of the tibia and fibula of his right leg.

"On the 27th, there was considerable tumefaction, inflammation having diffused itself through the cellular tissue, and a good deal of bloody serum oozed from the wound. This was followed by a sharp attack of erysipelas, which spread over the thigh, and the principal part of the integuments of the abdomen. By free incisions wherever matter could be detected, moderate venesection once or twice, and saline diaphoretics, these symptoms subsided, but left him a good deal emaciated. On the evening of the 2d of August the erysipelas had disappeared; he had little fever, but profuse discharge.

"On the morning of the 3d, he was seized with a severe rigor, followed by sickness. His pulse at noon was 120; tongue brown and dry; great heat of skin, and restlessness. Aperient medicine

was given, and afterwards effervescing draughts, with small doses of antimonial wine.

"On the 4th he was better, and his pulse had sunk to 108. There was a slight relapse of erysipelas over a part of the abdomen. The wound discharged profusely.

"On the 5th, he was still better, his pulse was 96, and the erysipelas was again subsiding. Ordered some wine.

"On the 6th his countenance was not so favorable. He was ordered sulphate of quinine. This produced no good effect, his tongue gradually becoming more parched and dry.

"On the 9th, he complained of an unpleasant sense of rising from the stomach, with an excessive heat in his throat, but could bear pressure on the abdomen without pain. In the evening of that day he had an attack of stupor, and lay for many hours in a state of nearly complete insensibility, with contracted pupils. He died on the evening of the 11th, being the twentieth day from the date of the accident.

*"Post-mortem Examination.—*The vessels of the pia mater and brain were more turgid than natural, and there was a considerable effusion of serum into the ventricles. In the thorax, there were several circumscribed abscesses in the lungs on each side, but chiefly in those on the right. These were situated in the outer part of the lungs, towards the pleura, and varied in bulk, from that of a small pea to that of a large nut. Their contents were evidently a loose sort of lymph, through which pus was every where beginning to be diffused, as could be shown by its issuing

when they were gently pressed. On the upper part of the convex surface of the great lobe of the liver, a large mass of a similar character was visible, of a perfectly white color, appearing under the peritoneal covering. It was two or three inches in diameter, and when cut into, was found to extend at least two inches in depth, into the substance of the liver, which, every where bordering on it, had a natural appearance, and did not seem to be in any way condensed. A somewhat paler line marked where the two structures were blended. The mass consisted of loose lymph, with pus diffused through it, as in the lungs. On the right edge of the great lobe, under the short ribs, there was another mass of the same nature, but of a smaller size, and one or two similar patches under the capsule of the spleen. No attempt at union had taken place in the fracture.

(To be continued.)

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BOSTON, TUESDAY, NOV. 4, 1823.

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THE following case has been mentioned in the newspapers, and it may serve in some measure to check the credulity of many persons with regard to such stories, if we give publicity to the following account of the phenomenon from a medical eye-witness.

*"Remarkable Appearance in the Eyes of a Child.—*One of the leading wonders of the day in the French capital, to which the 'seekers of the extraordinary' have been lately attracted, has been an infant of three years of age, who was said to have the words *NAPOLÉON EMPEREUR* very clearly marked in her eyes. Unwill-

ing to allow this lusus to escape us, we took advantage of an opportunity, afforded us by the kindness of Mr. Guthrie,\* of judging for ourselves. We confess we were before a little sceptical upon the subject. The fact is simply this: The child has light blue eyes, the irides being very strongly striated with irregular white lines, which have been thought to constitute the above ominous words. In our opinion, it would require a very poetical vision, and a great deal of imagination, to discover them. Some of the lines certainly resemble letters, but we endeavored in vain to make out any distinct words. It is true we had no magnifying glass at hand, which the mother assured us was necessary to make the letters clearly perceptible.

"The French police have taken alarm, and have deemed it prudent to deprive the friends of various certificates which they had obtained from different persons, asserting that they could with facility decipher the much dreaded name. We remember that, some years ago, the name of Napoleon was said to have been detected upon a hen's egg, in good round German text. The times were then propitious for the occurrence of such a phenomenon; but, if it were to happen now, the ill-fated animal would probably be placed under the strict surveillance of the guardians of public tranquillity. If the memory of Bonaparte is not kept alive by any more alarming circumstance than the appearance in the eyes of this very engaging infant, the Bourbon dynasty will not be endangered.—We believe it is intended to make a public exhibition of the child.

"We are informed that Dr. Munro, of Edinburgh, frequently exhibited to his class, about two years ago, a child, in whose eyes many persons imagined they could trace the name

and age of its father; and there is now living at Hull a boy, who is reported to have his name, *John White*, very clearly marked in the iris of each eye. In most persons who have light-colored eyes, there may be seen around the circle of the iris irregular lines and marks of various forms; and, in the above cases, these natural appearances have been tortured into different words by the creative fancy of different individuals, either from a love of the marvellous or from interested motives."—*Lon. Med. and Phys. Journal*.

#### TO CORRESPONDENTS.

The Remarks of "M.D." on a communication in the *American Medical Journal*, have been received. Before publishing them the Editors would wish to have a personal interview with the author.

#### WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Oct. 24, at noon.

Oct. 17. Louisa Jackson,	6 mo.
18. Josiah Rogers,	35 yrs.
Catharine Quinn,	34
Henry P. O. Brien,	12 mo.
19. Mary E. Beckham,	21
Harriet A. Dexter,	13
Nancy Harris,	55 yrs.
Mary English,	23
20. Mary Corcoran,	20
Catharine M. Plummer,	50
Catharine M. Kent,	4 w.
21. Mary Horton,	78 yrs.
John B. Greene,	24
22. Samuel Low,	40
Mary A. M. Phelps,	26
23. Mary Ann Walsh,	12
Jacob F. Coombs,	8 mo.
Sophia W. Leach,	15
James McKay,	54 yrs.
James H. Taylor,	39
24. John Bradford,	15

Bilious fever, 1—canker in the bowels, 1—consumption, 4—dysentery, 2—dropsy in the head, 2—diarrhœa, 1—gastritis, 1—hooping cough, 2—infantile, 1—intemperance, 1—inflammation in the bowels, 1—liver complaint, 1—old age, 1—unknown, 3. Males, 10—females, 12. Stillborn, 1. Total, 23.

\* At this time she was not publicly exhibited.—Ed.



## ADVERTISEMENTS.

## ABERNETHY'S LECTURES.

**T**HIS day published by Benjamin Perkins & Co. Lectures on *Anatomy, Surgery, and Pathology*, including observations on the nature and treatment of *Local Diseases*,—delivered at St. Bartholomew's Hospital, by JOHN ABERNETHY F. R. S. 6w.

Boston, Sept. 22, 1828.

## SURGICAL INSTRUMENTS.

**D**AVID & JOHN HENSHAW & Co. No. 33, India Street, near the head of Central Wharf, have for sale a very extensive assortment of Surgical Instruments. Gentlemen wishing to purchase will find it to their advantage to call and examine them. Oct. 14.  
6mo.

**B**ENJAMIN PERKINS & CO. have in the press, and will shortly publish, "A Manual for the use of the *Sethoscope*, being a Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. COLLIN, by W. N. RYLAND, with Notes and an Introduction by a Fellow of the Massachusetts Medical Society.

Oct. 23, 1828. Nov. 4—6w.

## NATHAN JARVIS,

*Druggist and Apothecary,*

**H**AS taken the Apothecaries' Hall, No. 188, Washington Street (lately kept by Messrs. Wm. B. & Henry White.) His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue their patronage.

## THE BOSTON MEDICAL INTELLIGENCER.

**I**T is now some months since the subscribers ceased to publish this paper, and they are desirous of closing its concerns.

Subscribers who are still indebted for this paper are therefore once more re-

quested to transmit the amount of their bills either to this office, or to one of the agents named below, without further loss of time. Such bills as remain unpaid after ninety days from this notice, will be put into the hands of an attorney for collection.

Money may be sent by post at the risk of the undersigned, provided there shall exist evidence that the letter containing it has been duly mailed for one of us.

N. B. 37 1-2 cents are to be added to each bill presented before the 14th of May, 1828, to conform to the terms on which the 5th volume was published.

JOHN COTTON,  
JOHN G. COFFIN.

*Agents for the above.*

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Oct. 28.

## EUROPEAN LEECHES.

**C**HARLES WHITE, No. 269 Washington St., Corner of Winter St., has received a supply of GERMAN and PORTUGUESE LEECHES.

## ATHENEUM;

OR, SPIRIT OF THE ENGLISH MAGAZINES.

**T**HE Athenaeum is published on the 1st and 15th of every month, each number containing 40 pages, large octavo. It consists of selections from the best English Magazines, and is intended as a Miscellany for all classes of readers. The price of the work, with plates of the fashions, is six dollars a year; without them, five dollars. Other plates will occasionally be given, and sent to all the subscribers, without additional charge.

184 Washington Street, Boston.

Nov. 4.

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